

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON, NJ 08625-0295

CHAPTER 62, LAWS OF 1994
ELECTION TO WAIVE NON-CONTRIBUTORY GROUP LIFE INSURANCE
IN EXCESS OF \$50,000

I am a member of:

- | | |
|---|---|
| <input type="checkbox"/> Public Employees' Retirement System | <input type="checkbox"/> State Police Retirement System |
| <input type="checkbox"/> Teachers' Pension and Annuity Fund | <input type="checkbox"/> Alternate Benefit Program |
| <input type="checkbox"/> Police and Firemen's Retirement System | <input type="checkbox"/> Judicial Retirement System |

NAME _____ SOCIAL SECURITY # _____

(Please Print)

ADDRESS _____ MEMBERSHIP # _____

_____ DAYTIME PHONE # _____

EMPLOYER NAME _____

In accordance with the provisions of CHAPTER 62, Laws of 1994, I hereby elect to WAIVE all of the Non-Contributory Group Life Insurance in excess of \$50,000 to become effective January 1 of next year. I understand this election is irrevocable for the entire calendar year and will remain in effect until the calendar year following my completion of a REINSTATEMENT form with the Division of Pensions and Benefits.

Reminder: This waiver in no way affects your Contributory Life Insurance Coverage. If you wish to withdraw from the Contributory portion, you must contact the Division of Pensions and Benefits at the address above for the proper form. There are no provisions to obtain the Contributory Insurance once a member withdraws.

(Signature of Member)

(Date)

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary or Commissioner of Deeds _____

Official Title _____

} If you have an official
seal, affix it

TO BE FILED NO LATER THAN DECEMBER 31 TO BE EFFECTIVE STARTING JANUARY 1ST OF THE NEXT YEAR